

DEPARTMENT USE ONLY	
Trans Code	
Situs CC	

STATE OF CALIFORNIA
BUSINESS, TRANSPORTATION AND HOUSING AGENCY
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
DIVISION OF CODES AND STANDARDS
REGISTRATION AND TITLING PROGRAM



DEPARTMENT USE ONLY	
NEW DECAL #	
STICKER #	
OLD DECAL #	

APPLICATION FOR REGISTRATION

Name of Manufacturer		MFG ID #	Trade Name		Model Name or #	
Date of Manufacture	Calif. Dealer License #	Date of Transfer to Dealer from MFG	ILT Exemption		Date First Sold New	
			LENGTH	WIDTH	WEIGHT	DATE FIRST SOLD

ADD UNITS <input type="checkbox"/> DEPARTMENT USE ONLY	USE CODE	EXPIRATION DATE	TAX TYPE				ORIG COST PRICE	CODE	YR	SALE PRICE	PPF
			ILT	EXT	LPT	PPT					RF
	RECEIPT NUMBER(S)				RECEIPT DATE(S)			CLERK'S INITIALS	SALE DATE		ILT

Registered Owner(s) [print true name(s)] (New Title Information)	Last	First	Middle	MRF
	1.			PEN1
	2.			PEN2
	3.			

If applicable, check one of the following: ☐ TENCOM OR ☐ JTRS ☐ TENCOM AND ☐ COMPRO

Current Mailing Address	Street				
	City	County	State	Zip	

Future Mailing Address (if different than above)	Street				
	City	County	State	Zip	

Situs (location) Address of unit	Street				
	City	County	State	Zip	

Legal Owner (lienholder) [print true name(s)]					

If applicable, check one of the following: ☐ TENCOM OR ☐ JTRS ☐ TENCOM AND ☐ COMPRO

Mailing Address	Street	City	State	Zip	UTP	RT
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Junior Lienholder [print true names(s)]					ASF
					CCP

If applicable, check one of the following: ☐ TENCOM OR ☐ JTRS ☐ TENCOM AND ☐ COMPRO

Mailing Address	Street	City	State	Zip	TOTAL
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ADD JR/LH ☐ NOTE: APPLICANT, PLEASE READ AND COMPLETE THE QUESTIONNAIRE ON THE REVERSE SIDE.

I/We certify under penalty of perjury that the statements made in this application are true and correct.

Executed on _____ at _____

Signature(s) of Above Registered Owner(s)	1.
	2.
	3.

REGISTRATION QUESTIONNAIRE

1. Use Description:

The described unit on the reverse side of this application is a:

- A. ☐ Manufactured Home/Mobilehome and is constructed as a
☐ Single Family Dwelling or a ☐ Multi-unit Manufactured Housing
- B. ☐ Commercial Coach and is constructed to be used as a _____
(Office, School, Store, etc.)
- C. ☐ Floating Home
- D. ☐ Truck Camper

2. Last Registration Information:

- A. Is this a new unit? ☐ yes ☐ no
If "NO", enter the date the unit was first sold new _____
- B. Has this unit been registered in California or any other State? ☐ yes ☐ no
If "YES", enter the state and the date the unit was last registered in _____
- C. **Enter the month, day, and year the unit entered California.** _____
- D. When the unit was last licensed, what state were you a resident of? _____
- E. Are you a resident of California ☐ yes ☐ no
If "YES" when did you become a resident? _____
- F. Are you gainfully employed or in business in California? ☐ yes ☐ no
If "YES", enter the date you became employed or entered into business _____

3. Title Information:

- A. Except for any accompanying titles, are there any outstanding titles for this unit issued by any state? ☐ yes ☐ no
- B. Is this unit now being used as security for any lien(s) other than the lien(s) shown (if any) on the reverse side of this application? ☐ yes ☐ no

4. Purchase Dates and Price:

- A. This unit was purchased from a ☐ dealer ☐ manufacturer ☐ individual
- B. Enter the date of sale _____
- C. Enter the date of delivery or installation _____
- D. The purchase price or sale price of this unit was:
- | | | |
|----|---|----------|
| 1) | Base unit (do not include sales tax, finance charges, transportation or installation charges) | \$ _____ |
| 2) | Unattached accessories (skirting, awning, refrigerator, etc.) | \$ _____ |
| | TOTAL | \$ _____ |

5. Exemption Information:

- A. Are you an active duty member of the U.S. Armed Forces? ☐ yes ☐ no
- B. When this unit was last licensed, were you on active duty as a member of the U.S. Armed Forces? ☐ yes ☐ no
If "YES", enter the state or country where you were stationed _____
- C. Is the unit installed on the tax free portion of a military reservation? ☐ yes ☐ no
- D. Are you a member of a Federally Recognized American Indian Tribe? ☐ yes ☐ no
Enter the name of the Federal Indian Reservation or Rancheria and the date(s) the unit was located there. _____
- E. Are you a disabled veteran? ☐ yes ☐ no
If "YES", complete form HCD 475.9.
- F. Are you requesting exempt registration? ☐ yes ☐ no
Exempt registration is being requested based on the fact that this unit is owned or leased (the unit must be registered in the exempt party's name) by the following exempt organization.
- | | | |
|--|--|--|
| <input type="checkbox"/> U.S. Government | <input type="checkbox"/> State Agency | <input type="checkbox"/> City or County Agency |
| <input type="checkbox"/> Civil Air Patrol | <input type="checkbox"/> Fire Department | <input type="checkbox"/> Consul or Other Foreign Government Official |
| <input type="checkbox"/> Public School District <input type="checkbox"/> Other Political Subdivision (enter the agency or organization name below) _____ | | |